

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

REGISTRY OF ELECTION FINANCE 404 JAMES ROBERTSON PARKWAY, SUITE 1614 NASHVILLE, TN 37243-1360

For State and Local Candidates For Single-Candidate Committees

(615) 741-7959		
1. DATE OF REPORT 2.A. NAME OF CANDID	1	
2.B. IF COMMITTEE, NAME OF CANDIDATE	pharp	3. ELECTION DATE
4.A. CAMPAIGN ADDRESS	Chata	Zip Code Phone
3211 Old Ringable rd. Eas	+ Ridge. TN	ZIp Code Phone 371113 (15-16 Q-1220
4.B. CANDIDATE'S HOME ADDRESS (if different than 4.A.)	The state of the s	STATE GIB BLAND
Street or Rural Route City	State	Zip Code Phane
5. OFFICE SOUGHT (include district no., if applicable)	6. NAME OF POLITICAL TRI	EASURER (may be candidate)
State Rep. District 30	· ·	A. KAUS
7. CATEGORY OF REPORT		3
PRE-PRIMARY □ POST-PRIMARY □ PRE-GENERAL	□ POST-GENERAL □	SUPPLEMENTAL SY AMENDED
8.A. BEGINNING DATE OF REPORTING PERIOD	8.B. ENDING DATE OF REPO	ORTING PERIOD
Vanuary 1,1995	December	31,1995
9. (Check one)		•
A. This campaign is exempt from detailed disclos		
less AND expenditures total \$1,000 or less for B. This campaign is required to file a detailed final		
more than \$1,000 and/or expenditures total m	ore than \$1,000 for this report	ling period.
10. I/we do solemnly swear or affirm that the information contained	d in this campaign financial dis	sclosure report is true and that this report
is an accurate accounting of campaign contributions and exp		
the Campaign Financial Disclosure Act. Additionally, I/we sw the personal financial benefit of the candidate or for any other		
	***	0 1/
signature of candidate date	Statility	a. Kays 1-24-94
signature of candidate (date	signature or politica	ireasurer , date
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE	SWORN TO AND SU	UBSCRIBED BEFORE ME IN THE
COUNTY OF Harulton	COUNTY OF _ Han	ulton
AND THE STATE OF June 1	AND THE STATE OF	Linnessee
7_	THIS 26 DAY OF	0- 96
THIS 26 DAY OF January 1996	THIS DAY OF _	January 19 10
notary public	Line	a Of. Wellitus
7-29-97		notary public
date commission expires	date	7- 29-97 commission expires
data commission expires	Gate (JOHN MAGNOT ON PINOS
Notary Seal		Notary Seal
Hotaly doal		Notary Sour
12. SUMMARY		~
a. BALANCE ON HAND LAST REPORT	s1	614.07
b. TOTAL RECEIPTS THIS PERIOD	\$	83, 68
C. TOTAL DISBURSEMENTS THIS PERIOD HE HOLLOG	¬¬\$	0
d. BALANCE ON HAND (12a. plus 12b. minus 12c.)	13	s 1697,75
70711 10112 11717		
e. TOTAL LOANS OUTSTANDING 1.8.87.08.87.	96	\$
1. TOTAL OBLIGATIONS OUTSTANDING A.12022		sO
DECEMBER		



SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Jack Sharp	FROM: 1-1-95 TO: 12/31/95
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	. ©
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15a. and 15b.)	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ \Q 2/5
17. INTEREST RECEIVED THIS REPORTING PERIOD	0150
18. TOTAL RECEIPTS (add 15c., 16., and 17.) (must be shown in item 12b.)	\$ 20.00
DISBURSEMENTS	
 EXPENDITURES (other than loan payments) Expenditures (\$100 or less each payee this period)(must be listed by category - e.g. p. 	printing, postage, gasoline)
s	
s	
s	
•	
\$	
\$	
\$	
\$	
\$	
\$	20
Total of Expenditures (\$100 or less each payee)	s_O
b. Itemized Campaign Expenditures (Over \$100 each payee this period)	s
c. Itemized Other Expenditures (Over \$100 each payee this period)	s
d. TOTAL EXPENDITURES (other than loan repayments)(add 19a., 19b., and 19c.)	\$
20. LOAN REPAYMENTS MADE THIS PERIOD	s
21. TOTAL DISBURSEMENTS (add 19d.and 20.) (must be shown in item 12c.)	sO
IN-KIND CONTRIBUTIONS a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22a. and 22b.)	s <u>O</u>
23. LOANS LOANS OUTSTANDING (must be shown in item 12e.)	s_O
24. OBLIGATIONS a. Unitemized Obligations Outstanding (\$100 or less each)	s
b. Itemized Obligations Outstanding (Over \$100 each)	s
c. TOTAL OBLIGATIONS OUTSTANDING (add 24a. and 24b.) (must be shown in item 1	(2f.) \$

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ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2. REPORT CO	VERING THE PERIOD
Jack Sharp	FROM:]-1-95	TO: 12-31-95
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized p	age)	
 COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION (contributions totaling m Full Name, Address, City, State and Zip Code of Contributor 	nore than \$100 from any	Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
Full Name, Address, City, State and Zip Code of Contributor		Amount
 TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If the of contributions, this amount must be shown in item 15b. of summary page.) 	is is the last page	0

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ITEMIZED STATEMENT OF CAMPAIGN EXPEND. URES—CANDIDATE

NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
Jack Sharp		FROM: 1-1-95	то:12-31-95
	EDINO DAOE (40 % f		Amount
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page) COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE (expenditures totaling more than \$10 in the complete of the complete) to any payee during the period)
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
ruii Naille, Address, Oily, State and Elp Code of Payee	raipose of Experience		Alloun
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
			(**************************************
10			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
on reason, only, orale and Lip oods of Payes	. s.pose or experience		Amount
5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total of (Carry forward to item 3. of next page if additional pages of		s is the last page	\cap
of campaign expenditures, this amount must be shown in	item 19b. of summary page	e.)	

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ITEMIZED STATEMENT OF OTHER EXPENDITURES—CANDIDATE (EXPENDITURES OTHER THAN CAMPAIGN EXPENDITURES)

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT CO	VERING THE PERIOD
(ack Sharp		FROM: 1-1-95	то: 12-31-95
			Amount
TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDI COMPLETE THE FOLLOWING FOR EACH ITEMIZED EXPEN			avee during the periodi
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	lore than \$100 to any po	Amount
Tan Hame, Address, only, state and approved on a specific	- angeon or angeon		
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Pull Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
		1	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
	8		
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
Full Name Address City Over and The Co. 1. Co.			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure		Amount
5. TOTAL ITEMIZED OTHER EXPENDITURES (Total of it			
(Carry forward to item 3. of next page if additional pages of other expenditures, this amount must be shown in item	of this form are used. If thi	s is the last page	
or other experiences, this amount must be shown in item	190. Of Summary page.)		
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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT CO	VERING THE PERIOD
tack sharp		FROM: -1-95	то: 12-31-95
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEI	DING PAGE (enter \$0 if first it	emized page)	Amount
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED IN-KIND	CONTRIBUTION (in-kind contribution	ns totaling more than \$100 fro	m any contributor during the period
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contr	ibution	Amount
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contr	ibution	Amount
	11.10	15	A
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contr	ribution	Amount
E. U. N	Description of In-Kind Conti	ribution	Amount
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Cont	ibution	Amount
	*		
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Cont	ribution	Amount
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Cont	ribution	Amount
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Cont	ribution	Amount
Full Name Address City Chats and To Code of Contributor	Description of In-Kind Cont	ribution	Amount
Full Name, Address, City, State and Zip Code of Contributor	Description of III-Kind Cont	ibution	Amount
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Cont	ribution	Amount
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Total of	f items 3. and 4.)	nie ie the leet ness	
(Carry forward to item 3. of next page if additional pages of in-kind contributions, this amount must be shown in ite	em 22.b. of summary page	ils is the last page .)	

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				The same force as
				A a could represent
Si contraction de la contracti				
			J	
TOTALS (Items 4—7)				
TOTALS (items 4—7) (Total of item 7 must be shown in item 23. of summary page.)	0	8	0	0
, , , , ,			V	

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ITEMIZED STATEMENT OF OBLIGATIONS—CANDIDATE

	2. REPORT COVERING PERIOD			
ZED OBLIGATIO	FROM: 1-1-95 TO: 12-31-0		31-95	
ZED OBLIGATION	N	C Downsont	7 Outstandin	
Balance at Be- ginning of Period	Debt Incurred This Period	This Period	7. Outstanding Balance at Englished Of Period	
	200			
. 0	0	0	0	
	4. Outstanding Balance at Be-	A. Outstanding Balance at Beginning of Period This Period This Period S. Amourted This Period This Period Outstanding Debt Incurred This Period This Period Outstanding Debt Incurred This Period	Balance at Beginning of Period This Period 6. Payment This Period This Period 6. Payment This Period This Period	

8018 E. Brainerd Rd.
East Brainerd, TN 37412
Election Day

53.82

Pizza Czears 7401 E. Brainerd Rd. East Brainerd, TN 37412 Election Day

Total: \$ 173.52

The total of 12a. 0 12b. 3870.00 12c. 3837.91 12d. 32.09 12b. 1164.36 12c. 707.80 12d. 488.65

Report filed October 31, 1994 should be as follows:

12a. 488.65 12b. 4240.00 12c. 1757.51

12d. 2971.14

Report filed January 17, 1995 should read as follows:

12a. 2971.14 12b. 1450.00 12c. 2807.07 12d. 1614.07

Corrections to line item 19:

19.a	Election Day	46.44
	Printing	9.96
	Postage	3.27
	Postage	86.81
	Thank-Yous	40.95
	Reception	96.41
	Gasoline	5.00
	Election Day	97.17

Total: \$386.01

19a. 386.01 19b 1,121.06 19c. 0 19d. 1,507.07

20. 1,300.00

21. 2,807.07

12a. 2971.14 12b. 1450.00 12c. 1614.07

The information from the first report as you can see, was carried throughout the entire campaign. If you have any questions, please contact me at (423) 344-1523.

Sincerely,

Patricia Kays

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